

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		1			
4	1		1			
5	2		1			
6			1			
7	2		1			
8	2		1			
9	2		1			
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TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			16			

51	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			16			